

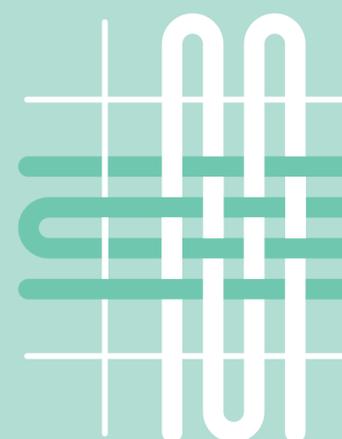
## Our Commitment to You

1. We will provide considerate and respectful care in a safe setting with recognition for your personal dignity.
2. You have the right to be listened to and to receive care that is free from discrimination based upon age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
3. We will provide the name of your attending physician and have them coordinate your care from admission through discharge.
4. You have the right to have a personal representative, such as a family member, friend, surrogate, or a legal guardian, present during your care unless contraindicated.
5. You have the right to have your family and your own physician notified promptly of your admission to or discharge or transfer from the hospital.
6. Your healthcare provider will explain your diagnosis, health status, possible treatment, expected outcomes, and recommended continuing health care needs for when you leave, all in a manner you can understand.
7. The providers taking care of you will be identified by name. You have a right to know about any professional relationships your provider has with other providers, healthcare organizations, and educational institutions involved in your care.
8. Except in emergencies, we will provide treatment only with informed consent. You may participate in the development and implementation of your care plan, including the right to refuse treatment and the right to be informed about significant treatment alternatives.
9. We will professionally assess and manage your pain. You have the right to receive a complete list of medications your providers have prescribed for you.
10. We will respond reasonably to requests for services.
11. We will respect your cultural and personal values, beliefs, and preferences and accommodate your religious beliefs or other spiritual preferences.
12. We respect your right to the confidentiality of your medical information. We will only share information with others with your consent or as otherwise permitted by law.
13. You may refuse to participate in research, investigations, or clinical trials.
14. You have the right to receive only visitors you consent, prefer, and designate to receive, and the right to deny consent for visitors who you do not wish to receive. Parents or guardians may visit their children 24 hours per day. When possible, immediate family members, healthcare agents/surrogates, or guardians have the right to stay with terminally ill patients 24 hours per day.
15. We will provide an interpreter, if English is not your preferred language or if you are deaf or hard of hearing, so that you are able to understand the care and treatment being provided.
16. You have the right to create an advanced directive and to have your care team comply with these directives.
17. We will provide written information about hospice availability and admission criteria.
18. We will transfer you to another facility, if you are accepted for transfer and only after providing information with explanation about reason for transfer and alternatives.
19. We will provide you access to your medical records in the form you request within a reasonable time.
20. You have a right to be free from physical or mental abuse and corporal punishment, neglect, exploitation, and all forms of abuse and harassment. You also have a right to be free from restraints or seclusion.
21. We will only use restraints or seclusion when necessary to ensure the immediate physical safety of yourself or others and will discontinue these efforts at the earliest possible time.
22. You have a right to know what hospital rules and regulations apply to your conduct as a patient.
23. We will be considerate of your privacy and follow all laws and regulations when making and using recordings, films or other images.
24. We will post the number of nursing staff and maximum number of patients on the unit where you are receiving care.
25. Your bill will contain itemized, detailed, comprehensible explanations of charges regardless of your payment source.

## How You Can Help

We ask that you:

- ▶ Provide the information we need to give you the care, treatment, and services you need.
- ▶ Be an active partner in your care.
- ▶ Ask your doctor or other health care professional if you have questions or concerns about your treatment course or care decisions.
- ▶ Support mutual consideration and respect by maintaining civil language and conduct in interactions with staff and providers, patients and visitors at all times.
- ▶ Follow instructions, policies, rules, and regulations in place to support quality care and a healthy and safe environment for all individuals.
- ▶ Keep your appointments or phone us if you are not able to.
- ▶ Meet your financial commitments.



## Southwestern Vermont Medical Center | Complaint Process

You have the right to complain about any aspect of your care or discharge to SVMC and state and federal agencies without fear of reprisal. You, a family member, or significant other can initiate this process. If your concern cannot be resolved by your physician or the nursing staff, you may contact a hospital representative in the office of:

Patient Advocate | tel: 802-440-4054

Vice President Care Services/Chief Nursing Officer | tel: 802-447-5180

President and CEO | tel: 802-447-5236

If you wish to discuss your problem with someone outside the medical center, you may contact:

**Vermont Board of Medical Practice**  
Vermont Department of Health  
P.O. Box 70, Burlington, VT 05402-0070  
tel: 802-657-4220

**Department of Disabilities, Aging and Independent Living**  
State of Vermont DAIL/Division of Licensing and Protection  
HC2 South, 280 State Drive, Waterbury, VT 05671-2020  
tel: 802-241-2401 | fax: 802-241-0386  
dlp.vermont.gov

**The Vermont Department of Disabilities, Aging and Independent Living**  
Survey and Certification Intake/Complaint  
HC2 South, 280 State Drive Waterbury, VT 05671-2020  
tel: 888-700-5330  
email (*preferred method*): ahs.dialsintake@vermont.gov

**U. S. Department of Health and Human Services Centers for Medicare and Medicaid Services**  
JFK Federal Building, Suite 2325, Boston, MA 02203-0003  
tel: 617-565-1188 | fax: 617-565-4630

**The Joint Commission**  
Office of Quality Monitoring / The Joint Commission  
One Renaissance Blvd., Oakbrook Terrace, IL 60181  
tel: 800-994-6610  
email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
[jointcommission.org/generalpublic/complaint](http://jointcommission.org/generalpublic/complaint)

**BFCC-QIO KEPRO**  
5700 Lombardo Center Drive, Suite 100  
Seven Hills, OH 44131  
tel: 888-319-8452 | TTY: 855-843-4776